Security classification: [redacted]

Aide Memoire: New Zealand's Antimicrobial Resistance Action Plan: Proposal for MPI to lead the Action Plan within the 2018/19 year

Date:	18 October 2018	Report No:	HR 20182208 MPI Ref **B18-0819**
		File Number:	AD-62-14-2018

Action Sought

	Action Sought	Deadline
Minister Clark	Agree	18 October 2018
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Caroline McElnay	Director of Public Health, PH&P	[redacted]	1st Contact
Sarah Reader	Manager, Public Health Group, PH&P		2nd Contact

Actions for the Minister's Office Staff

Note any feedback on the quality of the report	

Note the attached joint briefing has been prepared by MPI using the MPI joint briefing template. It has been reviewed by MoH, and is for consideration by the Ministers for Food Safety and Health

Return the signed report to Ministry of Health

Security Level – In Confidence

AM18-1176

HR 20182208

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Food Safety
Ministry for Primary Industries
Manatū Ahu Matua

Aide-memoire:

From:	Stewart Jessamine Director Protection, Regulation & Assurance	Bryan Wilson Deputy Director-General for Director-General
Contact:	s 9(2)(a)	s 9(2)(a)
To:	Hon Dr David Clark Minister of Health	Hon Damien O'Connor Minister for Food Safety
Date:	**19 October 2018**	

New Zealand's Antimicrobial Resistance Action Plan: Progress and priority for delivering over the next 4 years

Key Messages

- s 9(2)(f)(iv)
- The five year AMR Action Plan (the Action Plan), released in August 2017, is jointly led by the Ministry of Health and the Ministry for Primary Industries. AMR encompasses resistance to antibacterials, antivirals, antiparasitics and antifungals, which largely develops through the overuse and misuse of these agents. Without effective antimicrobials, the entire New Zealand population is at risk, as our ability to manage infections will be lost.
- Robust cross-sector governance arrangements for implementing the Action Plan have been established in Year 1. Other critical Year 1 activities have been scaled back or re-allocated to outlying years, which will negatively impact on overall delivery of the Action Plan.
- s 9(2)(f)(iv)

Issue

Antimicrobial resistance (AMR) poses a significant threat to our wellbeing, now and into the future, if we do not act in a concerted and significant way.

1. AMR encompasses resistance to antibacterials, antivirals, antiparasitics and antifungals, which largely develops through the overuse and misuse of these agents in human and animals, and to a lesser extent in plants.

2. Antimicrobial resistant micro-organisms can be transferred to humans via food, through direct contact with animals, or through faeces contaminating the environment. Without effective antimicrobials, our ability to manage simple and complex infections will become very difficult and costly to treat. Routine surgeries, medical and cancer treatments will become increasingly unsafe. The World Health Organization (WHO), World Organization for Animals (OIE) and the Food and Agriculture Organization (FAO) all recognise AMR as a global threat to human health, animal welfare and economic wellbeing.

3. AMR is a One Health[1] issue which requires a co-ordinated response across the human health, animal health, food and agriculture sectors. If we do not successfully address this threat now, there are likely to be wide-ranging impacts for New Zealand. The inability to treat infections in humans, animals and in the wider agriculture sectors will affect all New Zealanders but, the most vulnerable will be Māori and Pacific peoples, children, the health impaired and the elderly.

4. Within the primary industries sector, there is also increasing concern regarding the potential interplay between climate change impacts and AMR. Rising temperature results in an increase in the prevalence of certain diseases, both in animals and plants, which in turn would result in an increase in use of antimicrobials.[2]

5. AMR is a global threat affecting human and animal health, and agriculture. Global impacts will also be manifest from the increased threat of cross-border transmission of resistant organisms by people and agricultural products, and the expectations of international consumers in regard to control of AMR at the food source.

[1] A 'One Health' approach encourages a range of different disciplines to collaborate with each other and recognises that the health of people is connected to the health of animals and the environment.

[2] Institute of Environmental Science and Research, AgResearch, Massey University and NIWA. 'Adapting to climate change: Information for the New Zealand food system'. https://www.mpi.govt.nz/dmsdocument/28164/send

We are already scaling back the AMR Action Plan after its first year implementation and we are falling behind on our international commitments

6. We previously advised you of New Zealand's AMR Action Plan (the Action Plan) and our requirement to report to the WHO on progress against the Action Plan (Health Report 20171848, and Ministry for Primary Industries reports AM17-0932 and AM18-0273). We also advised that an estimated $10 million per year is required to effectively implement all of the Action Plan activities over the five year period to 2021/22.

7. Our first year 2017/18 progress report, released in September 2018, documents that the agencies largely focused on establishing the coordination and governance functions and additional scoping work. Establishing robust governance processes and aligning operational principles has been essential groundwork for implementing the Action Plan. We are well placed for continued cross-agency and cross-portfolio collaboration, including engagement and coordination of activities with the wider health and primary industry sectors.

8. The Year 1 activities were undertaken within current budgets. [redacted] s 9(2)(g)(i) [redacted] for example, the repeat of a 2009 survey on AMR susceptible bacteria in animals will be done over 3 years now, rather than in Year 1) and will have a deepening impact over the coming 4 years.

9. s 9(2)(g)(i) [redacted]

s 9(2)(g)(i) [redacted] containing AMR effectively is considered crucial to achieving the 2030 Agenda for Sustainable Development.

s 9(2)(f)(iv) [redacted]

12. s 9(2)(f)(iv) [redacted]

Minister / Minister's Office

Seen / Referred

/ / 2018

Minister / Minister's Office

Seen / Referred

/ / 2018

Quill Number: H201800350
File number: AD62-14-2018

Excerpts from Health Report 20180212

Minister of Health's visit to Counties Manukau District Health Board

To: Hon Dr David Clark, Minister of Health

- Since early February 2018 Counties Manukau DHB's National Burns Centre (NBC) has had three burns patients infected with antimicrobial resistant infections. The DHB implemented isolation and infection control measures after the identification of the first infected patient. No further infections have been detected and the situation is being managed appropriately. The NBC has now largely returned to business as usual operations.

Infection in National Burns Centre

1. Since early February 2018 Counties Manukau DHB's National Burns Centre (NBC) has had three burns patients infected with antimicrobial resistant infections (carbapenem resistant organisms - CRO) in its unit.
2. The DHB implemented isolation and infection control measures after the identification of the first infected patient. No further infections have been detected in addition to the three patients, who are stable and improving. The original infected patient came from Tahiti under a contract the DHB has to treat serious burns patients, and has now returned to France.
3. Protocols of the NBC Emergency Plan were implemented, which included daily capacity and demand reporting from the regional burns centres across New Zealand, and formal communication and co-ordination involving clinicians, managers and emergency planners.
4. As at 7 March 2018 the operations of the NBC have returned to business as usual, although there continues to be some risk in dealing with multiple serious burns admissions, as capacity to accept new admissions across the burns units is limited. Transfers of serious burns patients to Australia have been considered, but have not occurred. There is now a reduced risk of this eventuating, but clinical decisions about patient transfers will be made if necessary and existing New Zealand capacity will be used before any transfer to Australia is considered. Management and clinicians across the relevant DHBs would need to co-operate, and the Ministry will support this if necessary. Any patients from Tahiti who might have been treated at the NBC are being diverted to Australia at the moment.
5. The current situation is likely to lead to a review of overall burns capacity and demand, as well as the current emergency planning around burns. A detailed serious and sentinel events report examining causes, actions taken and lessons will be compiled by mid-March 2018. The Ministry will continue to monitor the situation closely.

MINISTRY OF HEALTH
MANATŪ HAUORA

Ministry for Primary Industries
Manatū Ahu Matua

Database number: 20180509

Security classification: In-Confidence

Quill record number: N/A
Health Report File number: AD62-14-18
MPI Report number: AM18-0273
Action required by: N/A

Memorandum: Supplementary information on cost allocations for delivering New Zealand's Antimicrobial Resistance Action Plan

To: Hon Dr David Clark, Minister of Health
Hon Damien O'Connor, Minister for Food Safety

Purpose

1. The purpose of this memo is to provide supplementary information as requested at the meeting of Minister Clark and Minister O'Connor with officials on 28 February 2018 regarding allocations of cost estimates for delivering New Zealand's Antimicrobial Resistance (AMR) Action Plan.

Background

2. Further information has been provided in Health Report 20171848 and Ministry for Primary Industries report AM17-0931 regarding: the threat posed by AMR to human health, animal health and agriculture; the relationship between the Action Plan and global agreements by the United Nations and World Health Assembly; the complexities of the issue and how the Action Plan aims to address these.

3. Since its publication in August 2017, work to implement the Action Plan has been undertaken within current budgets across the Ministry of Health and Ministry for Primary Industries.

4. To ensure effective implementation of activities under all five objectives and meet our timeline obligations, the Ministry of Health and Ministry for Primary Industries estimate a joint cost of $10 million per year is required over the five year timeframe of the Action Plan. The proportion of allocation will fluctuate annually, however this will facilitate three main areas across both agencies:

1. Enhanced surveillance (approximately 50% of funding)

a) Enhancing surveillance is an important priority under Objective 2 of the Action Plan to enable monitoring of trends in antimicrobial use, antimicrobial resistance and to detect emerging resistance threats. This information will inform appropriate action from communications through to responding in a timely and effective manner to acute outbreaks of resistant pathogens.

b) Specific enhancements include increased laboratory surveillance, genomic testing, connected information technology infrastructure, increased analytics and intelligence activities.

2. Communications strategy to address drivers of AMR (approximately 40% of funding)

a) A key aspect of the Action Plan is improving awareness and understanding of AMR and the importance of using antimicrobials appropriately across human and animal health professionals, the community, and the agriculture sector. To facilitate this, the development, implementation, and evaluation of a comprehensive communications strategy is a priority under Objective 1.

b) The strategy will address, in a culturally competent and equitable manner, the key drivers and gaps in antimicrobial stewardship (as per Objective 4 of the Action plan – for example, promoting

Contacts:	Bryan Wilson, Deputy Director General Regulation and Assurance	s 9(2)(a)
	Stewart Jessamine, Director Protection Regulation and Assurance	s 9(2)(a)

appropriate prescribing) and antimicrobial use. It will include awareness raising and education activities, such as targeted multimedia campaigns and supporting resources for the community and relevant sectors.

3. Resourcing (approximately 10% of funding)

a) Effective delivery of the Action Plan requires continued and cohesive work with multiple human health, animal health and agriculture stakeholders. To provide system leadership and effectively implement activities under the five objectives of the Action Plan, enhanced resourcing is required in the Ministry of Health and Ministry for Primary Industries for:

   I. Operational costs to deliver the Action Plan such as necessary human resources, specialist advice and engagement with key partners and stakeholders.

   II. Reviewing, updating and developing relevant standards and guidance across human health, animal health and agriculture. This includes revised Infection Prevention and Control Standards, a National Response Plan for Carbapenem Resistant Organisms (such as the recent cases in the National Burns Centre at Middlemore Hospital), National Antimicrobial Stewardship Guidance and associated training for improving current practices.

END.

MINISTRY OF HEALTH
MANATŪ HAUORA

Database number: 20180257

Security classification: In-Confidence

Quill record number: H201800595
File number: AD62-14-18
Action required by: N/A

Memorandum:

Meeting to discuss the New Zealand Antimicrobial Resistance Action Plan

To: Hon Dr David Clark, Minister of Health

Copy to: Hon Damien O'Connor, Minister for Primary Industries

Purpose

1. You are meeting with Hon Damien O'Connor, Minister for Primary Industries, Health Officials and Primary Industry officials on 22 February to discuss progression of the New Zealand Antimicrobial Resistance Action Plan. MPI Report Number AM17-0931, dated 15 December 2017, "Update on the New Zealand Antimicrobial Resistance Action Plan," provides additional information.
2. Dr Stewart Jessamine (Director Protection Regulation and Assurance) and Dr Natasha White (Principal Advisor Public Health) from the Ministry of Health will be attending along with Bryan Wilson (Deputy-Director General Regulation and Assurance) and Allan Kinsella (Director Systems Audit, Assurance and Monitoring) from the Ministry for Primary Industries.

The Antimicrobial Resistance Action Plan: Background

3. Antimicrobial resistance (AMR) is a rapidly evolving, serious global public health threat affecting patients, communities, animal health, agriculture and food. Resistance largely develops through the overuse and misuse of antimicrobials.
4. Without effective antimicrobials, the ability to manage simple and complex infections will be lost; routine surgeries and cancer treatments such as chemotherapy will become increasingly unsafe.
5. Resistant infections can also spread between people, animals and plants, and are very difficult and costly to treat. This has been demonstrated recently in the National Burns Centre at Middlemore Hospital with three patients infected with highly transmissible carbapenem resistant organisms, posing significant operational impact and cost.
6. In 2015, the World Health Health Assembly endorsed the World Health Organization Global Action Plan on Antimicrobial Resistance and Member States agreed to develop aligned national action plans by 2017.
7. The Ministry for Primary Industries and Ministry of Health established an Antimicrobial Resistance Action Planning Group in early 2016, with stakeholder representation from relevant professional bodies across human health, animal health and agriculture. This group developed the New Zealand Antimicrobial Resistance Action Plan (the Action Plan), which was publicly released in August 2017.

Contacts:	Natasha White, Principal Advisor Public Health	s 9(2)(a)
	Stewart Jessamine, Director Protection Regulation and Assurance	

8. The five-year Action Plan builds on work already underway in New Zealand and sets out activities to minimise the impact of AMR in an equitable manner, under five overarching objectives: awareness and understanding; surveillance and research; infection prevention and control; antimicrobial stewardship; governance, collaboration and investment.

9. A wide range of partners and stakeholders across relevant sectors have demonstrated strong support for the Action Plan. They have expressed considerable concern for how AMR impacts their sectors and commitment to supporting implementation.

10. To date, work to implement the Action Plan has been undertaken within current budgets, however achieving effective implementation and meeting timeline obligations is estimated to cost $10 million per year over the next five years. This will ensure adequate surveillance to identify emerging threats, establishment of a communications strategy, and provide appropriate resourcing for both agencies.

11. Ministry of Health and Ministry for Primary Industries officials welcome the opportunity to discuss work to address this significant threat.

12. s 9(2)(f)(iv) [redacted]

END.

MINISTRY OF HEALTH
MANATŪ HAUORA

Security classification: In-Confidence

Memorandum: Meeting with Minister O'Connor to discuss s 9(2)(f)(iv)

Date:	19 November 2018	Report No:	HR: 20182451
		File Number:	AD62-14-18

Action Sought

	Action Sought	Deadline
Minister Clark	Note	29 November 2018
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Dr William Rainger	Acting Deputy Director-General, Population Health and Prevention	s 9(2)(a)	2nd Contact
Dev Oza	Principal Advisor, Office of the D D-G, Population Health and Prevention		1st Contact

MINISTRY OF HEALTH
MANATŪ HAUORA

Database number: 20182451

Security classification: In-Confidence

Quill record number: H201807634
File number: AD62-14-18
Action required by: 29 November 2018

Meeting with Minister O'Connor to discuss s 9(2)(f)(iv) for Anti-Microbial Resistance Plan Out of scope

To: Hon Dr David Clark, Minister of Health

Purpose

This briefing provides you with information for a meeting with Hon Damien O'Connor, Minister for Food Safety, on Thursday 29 November at 12 noon in room 5.5 of the Beehive Executive Wing. The meeting will cover s 9(2)(f)(iv)

Ministry of Health officials will attend to answer questions and provide further information if required.

Background

1. You are meeting with Minister Hon O'Connor on Thursday 29 November 2018. s 9(2)(f)(iv) s 9(2)(f)(iv) and Out of scope

Talking points

2. The Ministry of Health and the Ministry for Primary Industries are working together to s 9(2)(f)(iv) s 9(2)(f)(iv) for the Out of scope and s 9(2)(f)(iv) s 9(2)(f)(iv)
3. We have shared a copy of this briefing with the Ministry of Primary Industries.
4. The Ministry of Health and the Ministry for Primary Industries have previously provided joint briefings on these initiatives [HR 20182201 and HR 20182208].

About the two s 9(2)(f)(iv)

Antimicrobial Resistance (AMR) Plan

5. s 9(2)(f)(iv)
6.
7. The Action Plan's Year 1 activities were undertaken within current budgets. s 9(2)(g)(i)

Contacts:	Dr William Rainger, Acting Deputy Director-General, Population Health and Prevention	s 9(2)(a)
	Dev Oza, Principal Advisor, Office of the Deputy Director-General, Population Health and Prevention	

s 9(2)(g)(i) [redacted]

8. s 9(2)(g)(i) [redacted]

9. Without dedicated funding, we will need to continue to adjust or defer activities under the Action Plan.

10. The five year AMR Action Plan (the Action Plan), released in August 2017, is jointly led by the Ministry of Health and the Ministry for Primary Industries.

11. The Prime Minister's Chief Science Advisor has recently written to the Prime Minister about AMR, offering to meet with the Prime Minister and relevant Ministers to discuss this important issue.

12. AMR is a 'One Health' issue[1] which requires a co-ordinated response across the human health, animal health, food and agriculture sectors. If we do not successfully address this threat now, there are likely to wide-ranging impacts for New Zealand. The inability to treat infections in humans, animals, and in the wider agriculture sectors will affect New Zealanders but, the most vulnerable will be Maori and Pacific peoples, infants, children, the health impaired and the elderly.

13. For example, between January and March 2018, there was an outbreak (nine cases) of Non Multidrug Resistant Methicillin Resistant *Staphylococcus Aureus* (nm-MRSA) at Wellington Hospital's national neonatal unit. From 28 February to 22 March, this national unit was closed to new, out-of region transfers, resulting in disruption to services and the need to deploy additional resources to investigate and manage the outbreak.

Out of scope [redacted]

[1] 'One Health' is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. One Health is particularly relevant to food safety, the control of zoonoses (diseases that can spread between animals and humans) and combatting antibiotic resistance (when bacteria change after being exposed to antibiotics and become more difficult to treat).

Out of scope [redacted]

Out of scope

[redacted]

Proactive Release

23. The Ministry of Health intends withholding this Health Report from publication under its proactive release policy because s 9(2)(f)(iv) [redacted]

END.

Relevant Excerpts from -
Health Report: Joint External Evaluation under the International Health Regulations

Date:	6 August 2017	Report No:	20181397
		File Number:	

Joint External Evaluation under the International Health Regulations

The JEE Tool

The JEE Tool was developed through international collaboration with Member States, subject matter experts, international organisations and existing global health security initiatives. The tool has 19 technical areas arranged as follows:

PREVENT	1. National legislation, policy and financing
	2. IHR coordination, communication and advocacy
	3. Antimicrobial resistance
	4. Zoonotic disease
	5. Food safety
	6. Biosafety and biosecurity
	7. Immunization
DETECT	8. National laboratory system
	9. Surveillance
	10. Reporting
	11. Human resources
RESPOND	12. Emergency preparedness
	13. Emergency response operations
	14. Linking public health and security authorities
	15. Medical countermeasures and personnel deployment
	16. Risk communication
Other IHR related hazards and Points of Entry	17. Points of entry
	18. Chemical events
	19. Radiation emergencies

Each technical area has a number of specific indicators, with levels of capacity for each indicator scored from "one" (implementation has not occurred) to "five" (implementation has occurred and there is a high level of capability). There are 49 indicators in total across the 19 technical areas.